

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
 Phone: (800) 752-8402 • Fax: (317) 776-6891
 www.roushins.com • Email: quote@roushins.com

SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent No.: _____ Address: _____ _____ E-mail: _____ Phone No.: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

- 1. Type of School:**
- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Alternative/Reform | <input type="checkbox"/> Medical | <input type="checkbox"/> Public |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Military | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Correspondence/Internet | <input type="checkbox"/> Preschool | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Private Elementary School | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Private High School | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Learning Center | <input type="checkbox"/> Private Junior High/Middle School | |

If technical, trade or vocational, what trades are taught? _____

- 2. Number of years in business:**
- 3. Is school located in a private home?** Yes No
- 4. Total number of students enrolled:** _____ Students' ages range from _____ to _____
 Average daily attendance: _____ Percentage of special needs students: _____ %
- 5. Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.):**.....\$ _____
- 6. Month(s) and Hour(s) of operation(s):** _____
- 7. Teachers Errors and Omissions Coverage limits:** (Limits may be provided up to the GL limits)
- Each Claim:\$ _____
- Aggregate:.....\$ _____
- Total number of Teachers:

8. Is student housing available? Yes No
If yes, advise number of beds: _____

9. Indicate if instruction, training or certification is provided for any of the following:

- | | | | |
|---------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Driving | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Skydiving |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Firearm | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sports or Recreation |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> First Aid | <input type="checkbox"/> Safety | <input type="checkbox"/> Swimming and/or Diving |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Gymnastic | <input type="checkbox"/> Scuba and Skin Diving | |
| <input type="checkbox"/> Other: _____ | | | |

10. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands): _____

11. Cosmetology schools (identify all operations taught): _____

12. Identify protective equipment used for any of the above activities/operations: _____

13. Any buildings over six stories? Yes No
If yes, advise number of stories for each building: _____

14. Any prior losses due to mold? Yes No
If yes, has one hundred percent (100%) remediation occurred? Yes No

15. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
If yes, describe: _____

17. Does applicant have other business ventures for which coverage is not requested?..... Yes No
If yes, explain and advise where insured: _____

SCHOOL SPONSORED ACTIVITIES

18. Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club): _____

19. Are there any school sponsored sports teams or sporting events? Yes No
If yes:

a. Describe: _____

b. Are students or their parents required to sign liability waivers? Yes No
If yes, please attach a copy of the waiver wording that is used.

20. Describe any off-site activities: _____

SCHOOL POLICIES/SECURITY

21. Are all teachers properly licensed/registered per state regulations? Yes No
If no, please explain: _____

22. Are background checks completed for all teachers and employees in compliance with state regulations? Yes No
If no, please explain: _____

23. Does the school allow teachers, aides or administrators to have or carry guns on school premises? Yes No
If yes, please explain: _____

24. Does the school have a formal discipline program for students? Yes No
If yes, please provide a copy of the program.

25. Does the school have a "zero tolerance" policy regarding violent behavior? Yes No
If yes, please provide a copy of any written policy.

26. Does the school have a policy regarding visitors to school premises? Yes No
If yes, please provide a copy of any written policy.

27. Indicate any of the following included in the school security systems:

- | | |
|---|---|
| <input type="checkbox"/> Doorbell at main entrance | <input type="checkbox"/> Security cameras |
| <input type="checkbox"/> Presence of security guards | <input type="checkbox"/> Self-locking door(s) |
| <input type="checkbox"/> Remote release mechanism to open door(s) | <input type="checkbox"/> Video monitors |

28. Is there a security guard on premises? Yes No
If yes:

a. Number of armed guards employed by school: Payroll: \$ _____
Number of unarmed guards employed by school: Payroll: \$ _____

b. Number of armed guards contracted through a security firm?* Contract cost: \$ _____
Number of unarmed guards contracted through a security firm?* Contract cost: \$ _____

* For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

c. Are guards licensed and employee background checks done as required by state or federal agencies? Yes No

d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? Yes No

e. Explain the security guard's legal powers and restrictions as respects arrests, searches and use of weapons:

f. Does the security guard work in conjunction with local police during their shift when apprehending fugitives? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

————— IMPORTANT NOTICE —————

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.